

**FORM** 

(REV. 06-2008)

## REQUIREMENTS FOR COMPLETING FORM THIS FORM CANNOT BE ALTERED

Issued by a banking/financial institution located in the United States Signed by bank official Must be notarized Authorization for Release of Confidential Information must be completed (See reverse side of this form)

			, ,	·	
Taxation Division Taxa	OR FUEL TAX tion Division Box 300	CIGARETTE TAX Taxation Division P.O. Box 811		OTHER TOBACCO PRODUCTS Taxation Division P.O. Box 3320	
Jefferson City, MO 65105-0357 Jeffe	rson City, MO 65105-0300	Jefferson City, MO 6	5105-0811	Jefferson City, MO 65105-3320	
AMOUNT (U.S. CURRENCY)	LETTER OF CREDIT NUMBER		E OF ISSUANCE / /		
AT THE REQUEST OF TAXPAYER/BUSINESS (OWNER'S NA	ME (INCLUDE SPOUSE IF LISTED ON	APPLICATION), ALL PARTNERS	, CORPORATION, OF	R LLC NAME)	
TAXPAYER/BUSINESS OWNER'S ADDRESS		CITY			
COUNTY		STATE AND ZIP			
	(Issuer) he	reby issues this Irrev	ocable Letter	of Credit (ILC) in favor of the	
Missouri Department of Revenue (MDC					
dollars (\$interest, additions to tax, and/or penalties	). This ILC shall secure the s, due the State of Missour				
The funds shall be paid to the MDOR upayment shall be sent by U.S. mail widemands for payment.			-	-	
This ILC shall be effective for a period periods unless at least sixty (60) days proby each type of tax shown above, that it release or discharge the Issuer from a penalties of the Taxpayer/Business that	ior to any such expiration of does not elect to renew thi ny liability for the indicate	date the Issuer notifies s ILC. Any election no ed tax or taxes and re	the MDOR in to renew the lelated fees, int	writing at the address indicated ILC shall not operate to relieve, terest, additions to tax, and/or	
The MDOR shall have a period of one year after the expiration date of the ILC to make a demand for payment upon the Issuer. The Issuer affirms that any demand for payment made by MDOR in accordance with the terms of this ILC shall be honored upon receipt.					
Service of process shall be deemed suffi address as set forth below. This agreen with these terms and the Uniform Comm exclusive jurisdiction for any action cond Cole County, Missouri.  The person signing this ILC states that below.	nent and any legal action percial Code and the laws erning this ILC shall be the	pertaining thereto shall of the State of Missour State of Missouri and	be governed by i. The parties the only venue	y and construed in accordance understand and agree that the shall be in the Circuit Court of	
SSUING BANK/FINANCIAL INSTITUTION	ADDRESS		CITY, STATE, ZIP C	CODE	
BANK/FINANCIAL INSTITUTION PHONE NUMBER  BY: SIGNATURE AND TITLE		DF BANK/FINANCIAL INSTITUTIO	DN OFFICIAL		
BANK OFFICIAL'S NAME TYPED OR PRINTED					
NOTARY PUBLIC					
NOTARY PUBLIC EMBOSSER OR STATE			COUNTY (OR CITY	OF ST. LOUIS)	
BLACK INK RUBBER STAMP SEAL					
SUBSCRIBED A	ND SWORN BEFORE ME, THIS			R STAMP IN CLEAR AREA BELOW.	
NOTARY PUBLI	DAY OF C SIGNATURE	20 MY COMMISSION EXPIRES	-		

NOTARY PUBLIC NAME (TYPED OR PRINTED)

THE AREA BELOW IS TO BE USED BY THE BANK FOR ENDORSING THIS IRREVOCABLE LETTER OF CREDIT				
THE FOLLOWING AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION HAS BEEN SET FORTH AT THE REQUEST OF THE				
The first of the f				

MISSOURI DEPARTMENT OF REVENUE AND DOES NOT CONSTITUTE A PART OF, OR AN EXHIBIT TO, THE IRREVOCABLE LETTER OF CREDIT ON THE REVERSE SIDE OF THIS FORM.



## MISSOURI DEPARTMENT OF REVENUE

Minimize AUTHURIZATIO	AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION					
I hereby authorize release of confidential tax information to						
for the purpose of making demand for payment on Irrevocable Letter of Credit Number						
as long as the obligation remains in force and effect. Release of this information to the named banking institution does not give						
the banking institution authority to request information other than information concerning the delinquent periods for which a						
demand for payment is being made. I also release the Director of Revenue and Department of Revenue personnel from any and						
all liability pursuant to any disclosure of confidential tax information that is necessary for making demand for or receiving such						
payment. By signing this Authorization, I state that I have the legal authority to bind the taxpayer/business below.						
In witness whereof, this taxpayer/business duly executed the foregoing this day of, 20						
TAXPAYER/BUSINESS (OWNER, PARTNER, CORPORATE OFFICER OR MEMBER)						
TAXPAYER/BUSINESS (OWNER, PARTNER, CORPORATE OFFICER OR MEMBER)		IIILE				
SIGNATURE OF OWNER, PARTNER, CORPORATE OFFICER, OR MEMBER		PRINT OR TYPE NAME OF PERSON SIGNING THIS RELEASE				
NOTARY PUBLIC						
NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE		COUNTY (OR CITY OF ST. LOUIS)			
	SUBSCRIBED AND SWORN BEFORE ME, THIS		USE RUBBER STAMP IN CLEAR AREA BELOW.			
	DAY OF	20				
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES				
	NOTARY PUBLIC NAME (TYPED OR PRINTED)					